

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) RICHARD FITZPATRICK STATE SENATE 5-A  
 Office (if applicable)  
 District (if applicable)  
 Mailing Address (include city and zip code) 100 W. Cypress Dr. HENDERSON, NV 702-566-0072  
 Telephone No.  
 E-Mail Address RICHARD@RICHARDFITZPATRICK.COM

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP  
☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- ☒ Annual Filing - Due January 15, 2006  
 Period: January 1, 2005 - December 31, 2005  
☐ Report #1 - Due August 8, 2006\*  
 Period: Jan. 1, 2006 - Aug 3, 2006  
☐ Report #2 (Due - October 31, 2006\*)  
 Period: Aug. 4, 2006 - Oct. 26, 2006  
☐ Report #3 (Due - January 15, 2007\*\*) ☒  
 Period: Oct. 27, 2006 - Dec. 31, 2006  
☐ Annual Filing - Due January 15, 2007  
 Period: January 1, 2006 - December 31, 2006

FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle  
 \*\* Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
 (See page 1 of instruction sheet)  
 2. Total Monetary Contributions Received of \$100 or Less  
 (See page 2 of instruction sheet)  
 3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)  
 4. Total Monetary Contributions in the form of loans that were forgiven  
 (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
990	990
-	-
-	-
3747	3747

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

5. Total Amount of Monetary Contributions Received  
 (Add Lines 1 through 4) (See page 2 of instruction sheet)  
 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
 (See page 2 of instruction sheet)  
 7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

0	0
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4737 4737

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100  
 (See page 2 of instruction sheet)  
 9. Total Monetary Expenses Paid of \$100 or Less  
 (See page 2 of instruction sheet)  
 10. Total Amount of All Monetary Expenses Paid  
 (Add Lines 8 and 9) (See page 2 of instruction sheet)  
 11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)  
 12. Disposition of Unspent Contributions  
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)  
 (See page 3 of instruction sheet)

0	0
-	-

4218 4218  
 4218 4218

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature [Signature]

Date Jan 13, 2006

RECORDED  
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**REPORT OF CAMPAIGN CONTRIBUTIONS****REPORT PERIOD Annual 2005**RICHARD FITZPATRICKSTATE SENATE5*CANDIDATE'S NAME (print)**Office**District (if applicable)*

Contributions in excess of \$100 or, when added together, in excess of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK HERE IF LOAN
Richard Fitzpatrick 100 W Cypress Dr Henderson, NV 89015	2/3/05	\$990.00	

## CAMPAIGN EXPENSES

Report Period # AName (print) RICHARD FITZPATRICKOffice (if applicable) STATE SEDistrict (if applicable) S-A

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

**CAMPAIGN EXPENSES****REPORT PERIOD Annual 2005****RICHARD FITZPATRICK**  
CANDIDATE'S NAME**STATE SENATE**  
OFFICE**5**  
DISTRICT**Expenses in Excess of \$100****Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Bank West of Nevada 2890 N Green Valley Pkwy Henderson, NV 89014	A	1/30/05 2/28/05 3/31/05	5.47 7.61 8.60
Cox Communication 706 N Valle Verde Dr Henderson, NV 89014	A	1/22/05	26.00
Friends of the Wilderness 1700 E. Desert Inn Rd., Ste. 113, Las Vegas, NV	A	1/23/05	100.00
XO Communication 515 South 7th St Las Vegas, NV 89101	A	1/22/05	154.10
RALSTON FLASH 2290 Corporate Circle, Suite 250, Henderson, NV 89074	A	3/26/05	299.00
Richard Fitzpatrick 100 W. Cypress Dr. Henderson, NV 89015	D	1/23/05	380.00
Katie McMurray 5500 Mountain Vista St/Apt. 1128 Las Vegas, NV 89120	A	1/23/05 2/23/05 3/31/05	250.00 250.00 300.00
Muscular Dystrophy Association 1919 S Jones Blvd., #G, Las Vegas, NV 89146	J	1/23/05	50.00
Nevada Women's Lobby P.O. Box 46292, Las Vegas, NV 89114-6292	J	1/23/05	100.00
Seniors United 1155 E Twain Ave #108-177, Las Vegas, NV 89109	J	1/23/05	100.00
Richard Fitzpatrick 100 W. Cypress Dr. Henderson, NV 89015	D	1/23/05	1000.00

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**CAMPAIGN EXPENSES****REPORT PERIOD Annual 2005****RICHARD FITZPATRICK**  
CANDIDATE'S NAME**STATE SENATE**  
OFFICE**5**  
DISTRICT**Expenses in Excess of \$100****Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Survey Monkey 815 NW 13th Ave, Suite D, Portland, OR 97209	A	11/23/05	200.00
Richard Fitzpatrick 100 W. Cypress Dr. Henderson, NV 89015	D D D	2/23/05 2/23/05 3/31/05	321.34 500.00 166.16

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## Report Period # 3

Richard Fitzpatrick  
Name (print)

STATE SEN  
Office (if applicable)

S-A  
District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**  
**Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary**

[illegible]

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period

# A

RICHARD FITZMAURICE  
Name (print)

Office (if applicable)

STATE SEN

S-A  
District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
<u>NONE</u>			

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Prescribed by Secretary of State:  
NRS 294A.120, 294A.125,  
294A.140, 294A.150, 294A.160,  
294A.200, 294A.210, 294A.220, 294A.362